

# Illinois

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## State CARE Act Program Profile

### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$13,164,930	\$15,741,071	\$15,995,512	\$44,901,513
Title II (including ADAP)	\$7,260,236	\$12,033,969	\$15,478,454	\$34,772,659
ADAP	(\$1,682,586)	(\$5,427,222)	(\$8,962,396)	(\$16,072,204)
Title III	\$2,854,829	\$3,356,858	\$3,401,308	\$9,612,995
Title IV	\$558,790	\$783,206	\$1,516,293	\$2,858,289
SPNS	\$1,219,121	\$567,882	\$607,641	\$2,394,644
AETC	\$393,391	\$531,268	\$531,080	\$1,455,739
Dental	\$268,647	\$207,244	\$320,670	\$796,561
<b>Total</b>	<b>\$25,719,944</b>	<b>\$33,221,498</b>	<b>\$37,850,958</b>	<b>\$96,792,400</b>

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

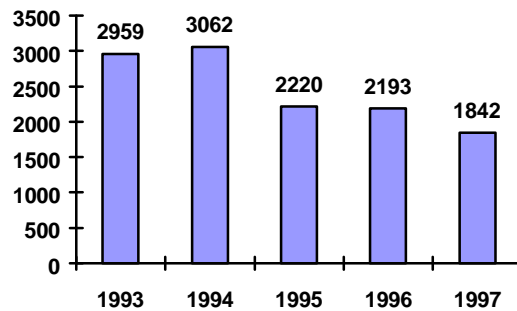
	1996	1997	1998
Title I	1	1	1
Title III	8	8	8
Title IV	1	1	2
SPNS	2	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	3	2	2

## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Illinois (Pop. 11,895,849)

- ▶ Persons reported to be living with AIDS through 1997: 7,328
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997:
- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 12,276 (3% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	82%	78%
Women (13 years and up):	18%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	36%	33%
African American:	52%	45%
Hispanic:	11%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	48%	35%
Injecting drug user (IDU):	28%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	4%
Heterosexual contact:	10%	13%
Other, unknown or not reported:	11%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	94%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	6%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	206.5	194.5
Gonorrhea (1996)	151.9	124.0
Syphilis (1996)	4.2	4.3
TB (1997)	8.2	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** access to drug treatments; dental services; patient education; and employment services
- ▶ **Emerging Needs:** services for women, youth, dually-diagnosed and the aging; employment services; lack of funding; and the impact of welfare reform

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	48% FPL
Pregnant Women	200% FPL
Medically Needy	45% FPL

\*Income eligibility for State's ADAP program is 400% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** Yes

Beneficiary groups: Current Medicaid except dual eligibles, persons who have been institutionalized, the spend-down populations, PACE program enrollees, and individuals eligible through presumptive eligibility.

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

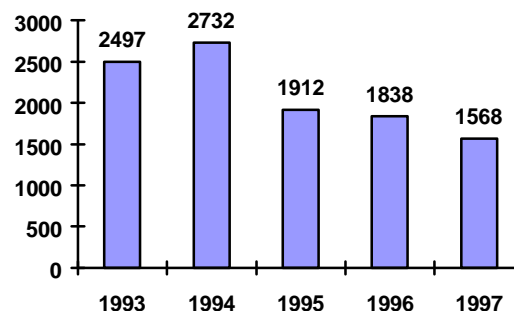
**1915(b) waiver(s):** No

## Title I: Chicago (Pop. 7,500,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Cook, Dekalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 6,666
- ▶ AIDS Cases (cumulative) since 1993: 10,547 (86% of state cases, 3% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	82%	82%	78%
Women (13 years and up):	18%	18%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	1%	2%
20+ years old:	99%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	32%	36%	33%
African American:	54%	52%	45%
Hispanic:	12%	11%	21%
Asian/Pacific Islander:	1%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	49%	48%	35%
Injecting drug user (IDU):	28%	28%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	3%	4%
Heterosexual contact:	11%	10%	13%
Other, unknown or not reported: (Adults only)	10%	11%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$7,104,323	\$8,224,897	\$8,231,101	\$23,560,321
Supplemental	\$6,060,607	\$7,516,174	\$7,764,411	\$21,341,192
Total	\$13,164,930	\$15,741,071	\$15,995,512	\$44,901,513

## Allocation of Funds

	1998
Health Care Services	\$9,451,268/59%
Medications	\$0/0%
Case Management	\$3,114,315/19%
Support Services	\$2,517,478/16%
Administration, Planning and Program Support	\$912,451/6%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 38
- ▶ PLWH on planning council: 15 (39%)

## Gender of Planning Council Members

Men:	50%
Women:	50%

### **Race/Ethnicity of Planning Council Members**

White:	34%
African American:	42%
Hispanic:	16%
Asian/Pacific Islander:	8%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	26,780
Men:	77%
Women:	23%

<13 years old:	4%
13-19 years old:	0%
20+ years old:	95%

White:	30%
African American:	49%
Hispanic:	16%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	4%

Men who have sex with men (MSM):	31%
Injecting drug user (IDU):	29%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	30%
Other, unknown or not reported:	8%

#### **► Improved Patient Access**

- The Title I program has experienced annual increases in the amount of primary health care services provided for the last three years. In 1996, 19% more outpatient primary medical care visits were reported by providers than in 1995; and for 1997, the grantee reported another 25% increase.



- The demand for Title I-funded addiction treatment services grew significantly during 1996, with providers reporting a more than three-fold increase in the amount of substance abuse treatment services provided as compared with 1995. In FY 1997, the Planning Council increased the Title I funding for substance abuse treatment and mental health care to \$700,000, in order to better reach and serve dually diagnosed HIV-infected individuals.
- Other services expanded during FY 1997 with increased allocations of Title I funds, included: 1) primary medical and dental care services; 2) three additional case managers to address needs in the inner-city and in at-risk neighborhoods identified in suburban areas; 3) housing-related services, which provided emergency housing assistance to more than 190 HIV-impacted families, enabling them to continue living on their own; and 4) local inner-city and suburban food pantries, which served over 100 new clients.

▶ **Improved Patient Outcomes**

- The number of deaths due to HIV/AIDS decreased from approximately 1,000 per year in 1993-95 to only 377 during 1997.

▶ **Other Accomplishments**

- The EMA implemented a quality assurance and evaluation pilot project that established standards for Title I-funded care services.

## Title II: Illinois

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$7,260,236	\$12,033,969	\$15,478,454	\$34,772,659
ADAP (included in Title II grant)	(\$1,682,586)	(\$5,427,222)	(\$8,962,396)	(\$16,072,204)
Minimum Required State Match	\$3,630,118	\$6,016,985	\$7,739,227	\$17,386,330

### Allocation of Funds

	1998
Health Care (State Administered)	\$9,812,396/63%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$600,000)
ADAP/Treatments	(\$8,962,396)
Direct Services	(\$250,000)
Case Management (State Administered)	\$0/0%
Consortia	\$4,017,416/26%
Health Care*	(\$1,268,577)
ADAP/Treatment	(\$0)
Case Management	(\$1,348,188)
Support Services**	(\$1,400,651)
Administration, Planning and Evaluation (Total State/Consortia)	\$1,493,228/10%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 11

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Central Illinois HIV Care Consortium	Springfield	Adams, Brown, Calhoun, Greene, Jersey, Pike, Schuuler, Scott, Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery, Morgan and Sangamon Counties	\$583,022
Cook County HIV Care Consortium	Chicago	Cook County	\$2,123,907
East Central Illinois HIV CARE Consortium	Champaign	Champaign, Coles, Dewitt, Douglas, Edgar, Ford, Iroquois, Livingston, Piatt, and Vermillion Counties	\$261,459
Effingham County HIV CARE Consortium	Effingham	Clark, Clay, Crawford, Cumberland, Edwards, Effingham, Fayette, Jasper, Jefferson, Lawrence, Marion, Moultrie, Richland, Sheldby, Wabash, and Wayne Counties	\$224,422
Heart of Illinois HIV Care Consortium	Peoria	Fulton, Knox, La Salle, Marshall, Mason, McLean, Putnam, Peoria, Stark, Tazewell, and Woodford Counties	\$357,500
Rivers Edge HIV Care Consortium	Quincy		\$110,000
Southern Illinois HIV CARE Consortium	Murphysboro	Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, White, and Williamson Counties	\$219,350
St. Clair/Madison County HIV CARE Consortium	Belleville	Bond, Clinton, Madison, Monroe, Randolph, St. Clair and Washington Counties	\$551,390
Western Illinois HIV CARE Consortium	Rock Island	Bureau, Hancock, Henderson, Henry, McDonough, Mercer, Rock Island and Warren Counties	\$125,000
Will County HIV CARE Consortium	Joliet	DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will Counties	\$330,000
Winnebago HIV Care Consortium	Rockford	Boone, Carroll, Dekalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago Counties	\$511,767

## Accomplishments

Clients Served (duplicated count), FY 1996:	8,070
Men:	74%
Women:	26%
<13 years old:	6%
13-19 years old:	2%
20+ years old:	92%
White:	46%
African American:	42%
Hispanic:	10%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%
Men who have sex with men (MSM):	39%
Injecting drug user (IDU):	23%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	27%
Other, unknown or not reported:	8%

### ► Improved Patient Access

- Despite an 86% increase in ADAP funding between 1996 and 1998, of which 42% was provided by the State last year, ADAP has been challenged to keep pace with the demand for services due to the high cost of new combination antiretroviral treatments.
- Client enrollment in ADAP surged in 1996 to a total of 3,590 persons served, a 75% increase over 1995. However, the following year there was a 24% drop, or 2,721 clients served in 1997, in spite of a 23% increase in total funding and implementation of major cost-cutting measures (see below). As of mid-1998, 3,000 clients were enrolled in ADAP with approximately one-half accessing prescriptions each month, and 90% receiving protease inhibitors.
- The ADAP formulary was expanded from 33 drugs in 1996 to 65 in 1997, including all protease inhibitors and antiretroviral therapies.
- The total number of people with HIV/AIDS receiving Title II-funded primary health care and support services increased 6% between 1995 and 1996, from 7,590 to 8,070 clients.
- As of June 1997, all consortia made viral load testing available through a statewide contract.

- The amount of substance abuse treatment services provided through Title II increased by 150% in 1997 over the previous year, with 1,490 service units provided in 1997 compared with 598 service units in 1996.

▶ **Cost Savings**

- Major cost-cutting changes were made to the ADAP in 1996 and 1997, including: 1) restructuring the program to enable participation in the Office of Drug Pricing's discount drug purchasing program, for significant cost savings; 2) tightening client eligibility, reducing it from 400% FPL to 200% FPL for new enrollees; and 3) establishing a \$10 co-pay for clients with incomes above 200% FPL, capped at \$380 per year per client.
- In 1998, the \$10 co-pay was eliminated and instead the ADAP established a \$1,000 cap on benefits each month for each client.

▶ **Other Accomplishments**

- In 1997, the state began implementation of a consortia-services quality assurance evaluation project, updated the HIV Care Consortia manual, and conducted a statewide training for consortia project directors, case managers, and consumer representatives on secondary prevention, risk reduction strategies, partner notification, and prevention of disease progression through new treatments.

## AIDS Drug Assistance Program (ADAP): Illinois

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$2,288,057	\$6,265,787	\$9,968,640	\$18,522,484
State Funds	\$5,200,000	\$5,000,000	\$7,136,000	\$17,336,000
Other: Title I	\$1,044,000	\$0	\$0	\$1,044,000
Total	\$8,532,057	\$11,265,787	\$17,104,640	\$36,902,484

### Program

- ▶ Administrative Agency: Dept. of Public Health
- ▶ Formulary: 65 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: A Medical Issues Committee, which includes PLWH, reviews the ADAP formulary, ADAP prescribing guidelines, unmet needs and barriers to access, the benefit cap, and emerging therapies and treatment regimens.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	3,000
Number using ADAP each month:	1,500
Percent of clients on protease inhibitors:	90%
Percent of active clients below 200% FPL:	90%

## Client Profile, FY 1996

Men:	87%
Women:	13%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	49%
African American:	35%
Hispanic:	14%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	1%

## Title III: Illinois

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	8	8	8	
Total Title III funding in State	\$2,854,829	\$3,356,858	\$3,401,308	\$9,612,995

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 8 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 38,392
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 4,690
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 1,914
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 36%
  - ▶ from 200 to 499: 24%
  - ▶ above 500: 20%
  - ▶ unknown: 20%

### Accomplishments

Clients served (primary care only), 1996:	4,690
Men:	75%
Women:	25%
<13 years old:	3%
13-19 years old:	0%
20+ years old:	96%



White:	22%
African American:	60%
Hispanic:	17%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	35%
Injecting drug user (IDU):	28%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Hemophilia/coagulation disorder:	2%
Heterosexual contact:	22%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	10%

#### ► **Improved Patient Access**

- The Howard Brown Health Center has been instrumental in expanding HIV expertise in the service area by mentoring providers at the Sinai Family Health Center, which serves a primarily minority population. The providers at Sinai Family Health Center serve more than 85 clients.
- The total number of HIV-infected clients served by Howard Brown Health Center has increased by 35% in one and a half years.
- In 1997, more than 3,000 clients received HIV testing and risk reduction counseling through the two sites of the Howard Brown Health Center.
- Since 1994, more than 350 HIV-infected clients have received primary care through the Heart of Illinois HIV/AIDS Center. The number of women with children served increased from 28% in 1995 to 62% in 1996.
- Chicago Health Outreach provides a variety of services, including offering HIV counseling and testing at locations that hard-to-reach populations frequent, such as clinics, shelters, and drop-in centers.
- In 1997, the Erie Family Health Center provided medical evaluation and clinical care to 450 HIV-infected individuals.
- The HIV counseling and testing program of the Cook County HIV Primary Care Center identified the largest number of AIDS cases in Chicago in 1996. More than 1,970 clients were served in this time period at four sites.

► **Improved Patient Outcomes**

- In 1994, one-third of the clients enrolled in the Heart of Illinois HIV/AIDS Center were diagnosed with opportunistic infections. In the first eight months of 1998, only 5 clients (3%) have been diagnosed with opportunistic infections out of an active caseload of 180 clients. The total number of hospitalizations has decreased accordingly.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Cermak Health Services	Chicago	Cook County	Health Department
Chicago Health Outreach	Chicago	City of Chicago, Cook County	Non-329/330/340 Health Center
City of Chicago Department of Health	Chicago	City of Chicago	Health Department
Crusaders Central Clinic	Rockford	Winnebago County	Community and Migrant (329/330) Health Center
Erie Family Health Center/Integrated Care	Chicago	Cook County	Community and Migrant (329/330) Health Center
Hektoen Institute for Medical Research	Chicago	City of Chicago, Cook County	Non-329/330/340 Health Center
Howard Brown Memorial Center	Chicago	Cook and other counties	Non-329/330/340 Health Center
University of Illinois, College of Medicine	Peoria	17 Counties	Hospital/University-based Medical Center

## Title IV: Illinois

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	2	
Total Title IV Funding	\$558,790	\$783,206	\$1,516,293	\$2,858,289

### HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	4%
Women with children:	60%
Adolescents/young adults:	1%
Children:	10%
Infants:	8%
Clients with AIDS/HIV Infection:	99%

### Accomplishments

All clients served, 1996:	764
Men:	9%
Women:	91%
(Adolescents and adults only)	
<13 years old:	18%
13-19 years old:	1%
20+ years old:	81%

White:	8%
African American:	79%
Hispanic:	12%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	1%
Injecting drug user (IDU):	36%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	42%
Receipt of blood transfusion, blood components, or tissue:	2%
Pediatric Exposure:	18%
Other, unknown or not reported:	1%

#### ► **Improved Patient Access**

- More than 770 HIV-infected clients received services in 1997 through the Women & Children's HIV Program (WCHP) at Cook County Hospital.
- Linkages with correctional facilities and detention centers have resulted in an increased number of women being referred into care. In early 1998, 16 women who were released from jails and prisons were referred to care. Of these women, 62.5% were enrolled into the Title IV program.
- Support groups are offered through the WCHP, including support groups for substance abuse, adolescents, caregivers, children, and Hispanics.
- The WCHP remains the largest provider of HIV comprehensive services to families in Cook County. Of those in care, WCHP sees 90% of HIV-infected women and 35% of HIV-infected children in Cook County.
- As of April 1997, one out of three WCHP clients were involved in research trials.

#### ► **Improved Patient Outcomes**

- The use of antiretroviral therapy has increased longevity and decreased mortality in the WCHP population. The grantee reported a greater than 50% reduction in the numbers of deaths in 1997.
- Historically, the daily average of WCHP clients hospitalized at any one time has been 20. In 1997, the average dropped to eight clients hospitalized per day, representing a 150% decrease in the number of hospitalized clients.
- A total of 41 HIV-infected pregnant women were medically followed by WCHP. Of those clients who delivered by March 1998, 100% were offered and accepted ZDV therapy.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Cook County Hospital	Chicago	Cook County and the Chicago metropolitan area	Public Hospital
Hektoen Institute/Cook Co. (Adolescent)	Chicago	Chicago metropolitan area	Hospital

## Special Programs of National Significance (SPNS): Illinois

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	2	1	1	
Total SPNS Funding in State	\$1,219,121	\$567,882	\$607,641	\$2,394,644

### Project Descriptions

#### ► Cook Co. Children's Hosp./Hektoen Inst. (CHRRPY)

**Location:** Chicago

**Project period:** 10/96 - 9/99

**Population Served:** In school and out of school youth aged 12-19

**Description of Services:** The Partnership for Youth project is an initiative designed to reach and educate adolescents within metropolitan Chicago. The project seeks to overcome common barriers to care including personnel who are not "youth-friendly" and structural problems with young people's access to health-care sites (hours of operation that conflict with school schedules, or gang turf boundaries that make access prohibitive). In the process, the project provides on-site HIV educational counseling, testing, and referrals in collaboration with 10 community adolescent service agencies, the Chicago youth detention center, and various public health agencies. Three mobilized teams work at the collaborating youth service agencies to tailor presentations to clients' youth and cultural and linguistic backgrounds.

#### Project Highlights

- Three teams have been effectively mobilized to work within existing community health and adolescent service agencies to provide on-site HIV education, counseling and testing, thus successfully targeting previously hard-to-reach youth.
- Under the Partnership outreach initiative, 2,099 youth have attended education sessions, 650 adolescents have been tested for HIV, and a further 889 youth have requested counseling. Fifty-one youth have been referred to other health care agencies for appropriate care.

► **Cook Co. Children's Hosp./Hektoen Institute**

**Location:** Chicago

**Project period:** 10/94 - 9/99

**Population Served:** Women living with HIV and their families

**Description of Services:** The Maternal and Child Health (MCH) project is designed to promote HIV education, counseling, and voluntary testing as a routine part of care in all family planning and perinatal sites in Cook County. The project links Maternal and Child Health service delivery sites and primary care agencies funded by the CARE Act to guarantee comprehensive and ongoing care for women with HIV and their families. Interventions include the development of informed consent protocols to reduce perinatal transmission, and better education and outreach for disadvantaged communities with a high incidence of perinatal seroprevalence. The project also tracks the progression of HIV-positive women and their infants through the health-care system to assess changes in the practices of MCH providers.

**Project Highlights**

- The Maternal and Child Health project introduced voluntary testing guidelines, counseling, and protocols to reduce perinatal transmission at 66 hospitals and health care sites in Cook County. The project trained more than 4,000 obstetrics and neonatal providers in these practices. An additional 1,890 providers received training at 205 events in the last reporting period.
- The MCH/HIV Advisory Council was created to address health and HIV issues related to pregnant women and children. The council is composed of representatives from the MCH and HIV care provider community, government and community agencies, perinatal network administrators, consumers, advocates, the Title I Planning Council, Title II Consortia, Title IV, and the Chicago Department of Public Health Prevention Planning Council.
- The project developed the Community Advocacy Network, composed of HIV-positive women, to provide education and an empathic and gender-sensitive support system to other women living with HIV. The project also developed a community outreach and education program targeting impoverished or disadvantaged women who do not have access to prenatal care.
- The project developed linkages with a number of CARE Act-funded agencies to provide care for HIV-positive women and their children during and after pregnancy. The project also established a system linking Illinois' Primary Health Care Centers with perinatal centers at delivery hospitals.
- MCH conducted a postpartum survey of women to develop more targeted HIV education, counseling, and voluntary testing practices in Cook County. In collaboration with the Illinois Department of Public Health, the project published guidelines for the care of HIV-positive pregnant women and their infants. The project collaborated with Loyola Medical Center to develop a training video for HIV care providers.

## AIDS Education and Training Centers: Illinois

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Midwest AETC
- ▶ States Served: Illinois, Indiana, Iowa, Minnesota, Missouri, Wisconsin
- ▶ Primary Grantee: University of Illinois at Chicago, Chicago, Illinois
- ▶ Subcontractors in State: None

### Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$393,391	\$531,268	\$531,080	\$1,455,739

### Training Highlights from FY 1997

- The AETC's training activities include addressing factors that affect adherence to antiretroviral treatment, interventions to assist adherence and measures of adherence. For example, the AETC collaborated with the Hektoen Institute/Cook County Hospital Primary Care Center to develop a range of curriculum, practice tools and resources to address adherence. The AETC also played a leading role in a national adherence teleconference in November 1998.
- The Midwest AETC has begun to address the HIV care needs of incarcerated populations and conducted a number of training initiatives targeting prison health care providers. One such effort was the "HIV in Corrections...And Back to the Community" conference designed and sponsored by the Western and Eastern Missouri Performance sites with help from the Kansas AETC. The program was offered to medical providers serving prison populations and was attended by both medical providers and prison officials.
- To help providers improve the management of clients co-infected with TB and HIV, the AETC has collaborated with the Chicago Department of Health in designing an ongoing cross-training series for STD/HIV and TB clinic and community outreach staff. Among the outcomes of these trainings have been the development of a standard confidentiality policy for both STD/HIV and TB clinics, and training for TB clinical staff on HIV counseling and testing.



- The Indiana performance site, in collaboration with the Indiana State Department of Health, produced a videotape in response to an emergency rule passed by the Indiana State Legislature. The rule, which requires all prenatal health care providers to counsel pregnant women on HIV testing, went into effect in July 1998. The video is designed to assist healthcare providers to provide consistent, accurate information to patients and comply with the rule.
- The AETC has developed a dissemination process that uses various activities to communicate the most up-to-date information about PHS treatment guidelines and HIV clinical management. Key information is distributed to practitioners by fax. With each fax transmission there is a summary of key information (four pages or less), information on resources for more extensive information, training and support, federal notices (if applicable). The AETC has also developed a grand-rounds curriculum on PHS treatment guidelines. The curriculum has been offered at area hospitals and through local provider organizations. Information about PHS guidelines is included in the AETC's ongoing programs as well.
- In an effort to ensure that HIV services are delivered in a consistent manner, the AETC has served on the Title I program evaluation and quality assurance initiative for services in the Chicago Metropolitan area. Consumers and providers of Title I services have, with the AETC's direction, worked to define, measure and improve service quality using a peer review site-visit model. The AETC offers training to consumers and providers on conducting site visits and is developing study designs to measure Title I service outcomes.

## HIV/AIDS Dental Reimbursement Program: Illinois

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	3	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$268,647	\$207,244	\$320,670	\$796,561

### Accomplishments

Est. clients served, 1996:	1,258
Men:	78%
Women:	22%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	99%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Northwestern University Dental School	Chicago
University of Illinois	Chicago